

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

Do not use this space.

27557

**1. PLACE OF DEATH**

County Hannay Registration District No. 349  
 Township Din Creek Primary Registration District No. 5499  
 City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 13

**2. FULL NAME**

James Dalton

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>	
5A. IF MARRIED, WIFE OF HUSBAND OF (or _____) <u>Emma Dalton</u>					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug 25 1855</u>					
7. AGE	YEARS <u>73</u>	MONTHS <u>11</u>	DAYS <u>16</u>	If LESS than 1 day, _____ hrs. or _____ min.	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____					
9. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Hannay Co. Missouri</u>					
10. NAME OF FATHER <u>Avery Dalton</u>					
11. BIRTHPLACE OF FATHER (CITY OR TOWN), (STATE OR COUNTRY) <u>Ky</u>					
12. MAIDEN NAME OF MOTHER <u>Sant Knowlton</u>					
13. BIRTHPLACE OF MOTHER (CITY OR TOWN), (STATE OR COUNTRY) <u>Sant Knowlton</u>					
14. INFORMANT (Address) <u>Fred Dalton Lewis Station Mo.</u>					
15. FILED <u>Aug 27 1929</u> <u>Mrs. U.A. Gray</u> REGISTRAR					

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-9 1929

17. I HEREBY CERTIFY, That I attended deceased from 8-9, 1929, to 8-9, 1929, that I last saw him alive on 8-9, 1929, and that death occurred, on the date stated above, at 1 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
killed by train  
run away  
212 118  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_  
 WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
 (Signed) G. Walker, M. D.  
8/10 1929 (Address) Clinton Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Dunaway Chapel</u>	DATE OF BURIAL <u>8-10 1929</u>
20. UNDERTAKER <u>James Wellman</u>	ADDRESS <u>Clinton Mo</u>

